

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” Iowa Administrative Code.

These amendments add and revise language to clarify the Department’s rules regarding reviews and audits in the medical assistance program. The amendments make the rules consistent with the “good cause” language in the Iowa Rules of Civil Procedure by using “good cause” language for exceptions.

Any interested person may make written comments on the proposed amendments on or before February 12, 2013. Comments should be directed to Harry Rossander, Bureau of Policy Coordination, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by e-mail to policyanalysis@dhs.state.ia.us.

These amendments do not provide for waivers in specified situations because all Medicaid providers are subject to the same requirements. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend paragraph **79.4(3)“b”** as follows:

b. Extension of time limit for submission.

(1) The department may grant an extension to the required submission date of up to 15 calendar days upon written request from the provider or the provider’s designee. The request must:

1. Establish good cause for the delay in submitting the records; and
2. Be received by the department before the date the records are due to be submitted.

~~(2) Under exceptional circumstances, a provider may request one additional 15-calendar day extension. The provider or the provider’s designee shall submit a written request that:~~

- ~~1. Establishes exceptional circumstances for the delay in submitting records; and~~
- ~~2. Is received by the department before the expiration of the initial 15-day extension period.~~

(2) For purposes of these rules, “good cause” has the same meaning as in Iowa Rule of Civil Procedure 1.977.

(3) The department may grant a request for an extension of the time limit for submitting records at its discretion. The department shall issue a written notice of its decision.

(4) The provider may appeal the department’s denial of a request to extend the time limit for submission of requested records according to the procedures in 441—Chapter 7.

ITEM 2. Adopt the following **new** paragraph **79.4(3)“f”**:

f. Self-audit. The department may require a provider to conduct a self-audit and report the results of the self-audit to the department.

ITEM 3. Amend subrule 79.4(7) as follows:

79.4(7) Appeal by provider of care. A provider may appeal the finding and order of repayment and withholding of payments pursuant to 441—Chapter 7. However, an appeal shall not stay the withholding of payments or other action to collect the overpayment. Evidence, including but not limited to records,

clarifying information, or supplemental documentation, that was not provided to the department in a timely manner as contemplated in subrule 79.4(3) or 79.4(5), shall not be admissible in any subsequent contested case proceeding or other action relating to, or arising out of, the finding and order for repayment of any overpayment under subrule 79.4(6). The purpose of the appeal is to verify whether the department correctly calculated any overpayment based on the information provided to the department during its audit or review.